

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -3 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013603

1. Entity Name
Advantage Point Telecom, LLC

Principal Place of Business 6990 Lake Ellenor Dr. Orlando, Florida 32809	Mailing Address 6990 Lake Ellenor Dr. Orlando, Florida 32809
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2. Principal Place of Business 6990 Lake Ellenor Dr. Suite, Apt. #, etc.	3. Mailing Address 6990 Lake Ellenor Dr. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 59-3678528	Applied For ☐ Not Applicable
Zip 32809	Country USA	5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
Staples, III, Johnston Raleigh
6990 Lake Ellenor Drive, Suite 202
Orlando, Florida 32809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when establishing)

DATE _____

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-05/31/01--01012--004
*****55.00 *****55.00

MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *Johnston P. Staples* **5-1-01** **407-251-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)